

NATIONAL Assessment Centre Services

(wef 1 Jan'06)

SM08237K0001

| | | | |
|---------------------------------|--|-----------------------|---------|
| Date In: 21/07/2023 09:48 | Job description | Date & Time Completed | Done by |
| Ref No: N/A C722300 75984 | SAS e-filing | | |
| Veh No: SC9 2260P | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A : 20/07/2023 00:00 | i-Motor Claim Form | | |
| OD / <u>TP</u> / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SMN 3561A | INC () / Non-INC () |
| Owner / Driver: (| Tel: |) |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Date: | Time: |
| Insured/Driver Liability: (| [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%] | |
| Year of Registration: (| Warranty: YES () / NO () | |
| Excess: (\$ | Loading: \$1,000 () / \$2,000 () | |

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

| | | |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury : _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|-----|
| NA2302236 | Invoice Preparation Checklist | Amf (\$) | Amf |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | 1st Bill | Add |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF : Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT : Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR : Re-inspection \$75 | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11) : TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

Cat. 1: _____

Cat. 2 / 3: _____

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------|-------------------------------------|
| Date of First Submission | 27/07/2023 09:44 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 20/07/2023 00:00 (SGT) |
| Exact Location of Accident | Bukit Panjang Rd, Singapore |
| Additional Location Information | TOWARDS TECK WHYE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLD2260P |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | AHMAD BIN MOHD TAHA |
| NRIC No | SXXXX498B |
| Email Address | ahfai4328@gmail.com |
| Mobile Phone No | (Phone) +65-96184328 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Vezel |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1496 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNW00022972200 |

DRIVER

| | |
|----------------|---------------------|
| Name of Driver | AHMAD BIN MOHD TAHA |
| NRIC No | SXXXX498B |
| Date Of Birth | 03/08/1973 |
| Occupation | Outdoor |

| | |
|--|---------------------------------|
| Date Of Driving Pass | 09/11/1992 |
| Driving experience | 30 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96184328 |
| Alt. Phone Number | - |
| Email Address | ahfai4328@gmail.com |
| Address | BLK 10 TECK WHYE AVENUE # 03-73 |
| Address complement | - |
| Postcode | 680010 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|----------------------------|
| Type of Accident | Collision - Cross Junction |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Bukit Panjang Neighbourhood Police Centre |
| Police Station Address | No.1 Segar Road #01-05 Singapore 677738 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230721/2074

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMN3561A |
| Vehicle Manufacturer | Honda |
| Vehicle Model | Jazz |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|---|---|
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | AHMAD BIN MOHD TAHA |
| Gender | Male |
| Phone No | (Phone) +65-96184328 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SLD2260P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

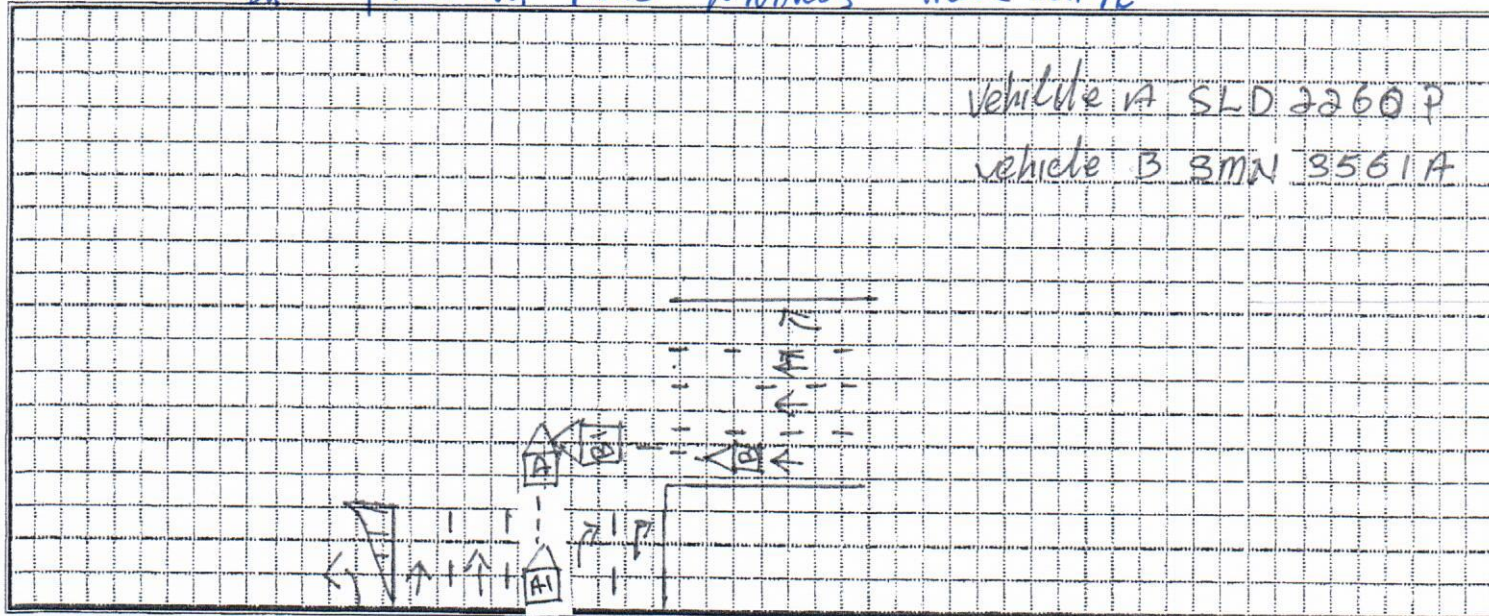
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

27/07/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

BUKIT PANJANG ROAD TOWARDS TANGKAP WATU




Describe Circumstance of the Accident

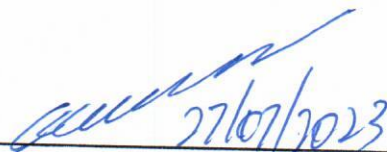
As per police report. T/20230721/2024.

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230721/2074

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20230721/2074

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 21/07/2023 16:30 | Vide Report No.: J/20230720/0012 | Station Diary No.: 62 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|--|--|--|
| Name of Informant: AHMAD BIN MOHD TAHA | | | Address: APT BLK 10 TECK WHYE AVENUE #03-73 SINGAPORE 680010 | | |
| ID Type / ID No.: NRIC NO / S7327498B | | | Contact No.: Home/Office: Mobile: 96184328 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 49 | Date of Birth: 03/08/1973 | Type of Informant: Driver | | |
| Race: Malay | | | Language: | | |
| Occupation: PRIVATE HIRER | | | Driving Licence Information: Class: 3,4 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|--------------------------|--|-------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 20/07/2023 00:00 | Type of Location: X-Junction |
| Location: BUKIT PANJANG ROAD | | | | |
| Weather: Clear | Road Surface: Dry | | | |
| Traffic Flow: | Traffic Control: | Traffic Volume: Light | | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|-------------------|-------|----------------------|-----------------|
| SLD2260P | Car | HONDA | VEZEL 1.5X CVT | Black | Seriously Damaged | 0 |
| SMN3561A | Car | HONDA | JAZZ 1.3 CVT | | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|------------------------|------------|-------------|
| SLD2260P | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMHCSNW000229 72200 | 08/12/2022 | 07/12/2023 |



**SINGAPORE
POLICE FORCE**



T/20230721/2074

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20230721/2074

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | AHMAD BIN MOHD TAHA | ID No. | S7327498B |
| Related Vehicle | SLD2260P (Car) | Contact No. | 96184328 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | 20/07/2023 | Date Discharge | 20/07/2023 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |

Brief Details.

On 20/07/2023 at about 12pm, I was driving my vehicle, bearing plate number (SLD2260P) along Bukit Panjang Road (towards Teck Whye). As the traffic light was on my Favour, I proceeded ahead and subsequently I felt an impact from my right. I noticed that another vehicle (SMN3561A) - which came from Bukit Panjang Ring Road had beat the red light and collided into my vehicle. My vehicle then swerved to a pedestrian crossing of Bukit Panjang Ring Road.

Due to the impact, I suffered pains on my right thumb and my shoulder blades. I was then conveyed to Ng Teng Fong by the Paramedics for further checkups in a cautious state. Subsequently I was given 4 days MC (20/07/2023 - 23/07/2023) to recover and rest at home.

My vehicle sustained damages mostly on the right side of the car - dents, cracks, and paint marks were seen on my vehicle. No other injuries were reported on that day, no government property was damaged. TP IO Zickie had advised me to lodge a police report on the accident that occurred.



**SINGAPORE
POLICE FORCE**



T/20230721/2074

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20230721/2074

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SGT 1 MUHAMMAD YUSRI BIN
YUSOFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/07/2023 16:30

Officer In Charge Of Case:
TP / GIT /
SI PAN JIANHONG
Contact No.: 65476904

Classification Of Case:

NP168

ACCIDENT REPORTING

Accident Date: (20/07/2023)(DD/MM/YYYY)

Time: (00 : 00)(HH:MM)

Location: Bukit panjang Road towards tek whye

1. Accident Details

- a) Type Of Accident: Between moving vehicles - Head to Side.
- b) Weather Condition: (Clear) / Raining / Others: _____
- c) Road Surface: (Dry) / Wet / Others: _____
- d) Are You Claiming Under Your Own Insurance? (Yes / (No))
If No, Please State: (Third Party Claim) / Reporting Only
- e) Was Any Foreign Vehicle Involved In An Accident? (Yes / (No))
If Yes, Please State Vehicle No: _____
- f) Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / (No))
- g) Was The Accident Reported To The Police? (Yes) / No
If Yes, Police Station Name: _____
- h) Was Notice Of Prosecution Given?
If Yes, Against Whom?: _____

2. Details Of Own Vehicle

- a) Vehicle Registration No: SLD 2260 P
- b) Vehicle Category: PHV
- c) Vehicle Manufacturer: Honda Vehicle Model: vezel
- d) Transmission: Manual / (Auto) CC: 1.5
- e) No.Of Passengers (Including Driver) 1
- Passenger Name: _____ (Female / Male)
- Passenger Name: _____ (Female / Male)
- Passenger Name: _____ (Female / Male)
- Passenger Name: _____ (Female / Male)

3. Own Vehicle Policy

- a) Handling Insurer: CHINA TAIPING
- b) Coverage Type: (ACT / Comprehensive) / Third Party / Third Party, Fire & Theft
- c) Fleet Policy? (Yes / (No))
- d) Owner Name: AHMAD BIN MOHD TAHA (Female / (Male))
- e) ID Type: S7327498B (UEN / (NRIC)) Passport Or Fin / Work Permit
- f) Email: ahfa1432@gmail.com Mobile: 96184328
- f) Alt No. Type: (Home / Office / Not In List) : _____

4. Driver's Information

- a) Is The Driver The Policyholder? (Yes / No)
- b) Driver Name: AHMAD BIN MOHD TAHA (Female / (Male))
- c) ID Type: S7327498B (UEN / (NRIC)) Passport Or Fin / Work Permit
- d) Date Of Birth: 03/08/1973
- e) Driving Pass Date: 09/11/1992
- f) Email: ahfa1432@gmail.com Mobile: 96184328
- g) Address: Blk 10 TECK WHYE AVE #03-73 (S) 680010
- h) Postal Code: 680010
- i) Occupation: (Indoor / (Outdoor))
- j) Driver Owner Relationship: _____ Does Driver Own Other Vehicles: (Yes / (No))
If Yes, Please Provide Vehicle Registration No: _____ Handling Insurer: _____

ACCIDENT REPORTING

5. TP Vehicle Or Property

a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: SMN 3561 A

Vehicle Category: - Vehicle Model: Honda Jazz

No.Of Passengers (Including Driver) -

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

6. Injured Person's Details

a) Was Anyone Injured In The Accident? (Yes / No)

b) Any Injured Conveyed To Hospital By Ambulance? (Yes / No)

If Yes, Please Provide:

Name: AHMAD BIN MOHD TANAH (Female / Male)

Vehicle Registration No: SLD 2260 P

Name: - (Female / Male)

Vehicle Registration No: -

Name: - (Female / Male)

Vehicle Registration No: -

7. Witness Details

a) Was There Any Witnesses? (Yes / No)

If Yes, Please Provide:

Name: - (Female / Male)

Witness Contact: -

8. Files

a) Are Accident Photos Available For Attachment? (Yes / No)

b) Was There Any Video Captured? (Yes / No)

a) Was There Any Audio Captured? (Yes / No)

Motor Hire Car

MZ406L/B

N SN

AN0380A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNW00022972200

Engine No.: L15B4034784

Cha. No.: RU11114775

1. Index Mark and Registration Number of Vehicle

SLD2260P

AUTOSAFE

2. Name of Policy Holder

AHMAD BIN MOHD TAHA

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

08/12/2022

(00.00.00)

Excess Sect. I \$S1,250.00

Excess Sect. I (Outside Singapore) \$S2,500.00

Excess Sect. II \$S1,250.00

Excess Sect. II (Outside Singapore) \$S2,500.00

EX ON WINDSCREEN \$S100.00

4. Date of Expiry of Insurance

07/12/2023

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

AHMAD BIN MOHD TAHA

6. Limitations as to use:*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: TERRI LINKS PTE LTD

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
 3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com